

Lead Project Variance Request

Project Code _____

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-7826

FORM LV

Page 1 of 1

Variance(s) Requested by Maine Certified Lead Design Consultant or Project Supervisor

Provide written justification that presents clear & convincing evidence that the lead project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of variance(s).

List proposed work practice alternatives

Reasons for Variance(s) (Explain in detail. You may add an attachment when necessary)

Design Consultant/Project Supervisor Sign-off for Variance(s)

Signature _____

Print Name _____

Date _____

Company _____

ME Certification Number _____

Address _____

Certification Expiration Date _____

City _____ State _____ Zip _____

TEL _____ FAX _____

MEDEP Action on Work Practices Variance(s) Requested

☐ APPROVED ☐ DISAPPROVED (by) _____ (date) _____
